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24239 7590 08/20/2009

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/720.473	11/25/2003		Suntisuk Plooksawasdi		934691.311506	9127
TILE OF INVENTION: TI	HREADED DEFORM	IED REINFORCING BA	AR AND METHOD FOR M	MAKING THE BAR		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/20/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GILBERT, WIL	LIAM V	3635	052-740300			
Change of correspondenc- FR 1.363. Change of correspond Address form PTO/SBU? Fee Address" indicat PTO/SB/47; Rev 30-02 c Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth is (A) NAME OF ASSIGN.	dence address (or Char 22) attached. tion (or "Fee Address" or more recent) attach D RESIDENCE DATA an assignee is identian 37 CFR 3.11. Comp	nge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON	2. For printing on the p. (1) the names of up to or agents OR, alternativ (2) the name of a single (2) the name of a single (2) the name of a single (2) the single of a single (3) the single (4) the single (5) the single (6) the single (7) the single (8) RESIDENCE: (CITY	3 registered patent attecty, eity, e firm (having as a mer gent) and the names of meys or agents. If no n printed. be) tent. If an assignee is assignment.	nber a 2 Moore & 3 3 identified below, the do	Van Allen
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